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ABSTRACT

This coursebook is intended for use by the instructors presenting a workshop on preventing injuries in the elderly that was developed as a field test of a larger 10-module training program for staff of long-term health care facilities, senior center and adult day care staff, and home health aides. The curriculum guide served as a blueprint for the training modules. Staff from a life-care community, assisted living facilities, nursing facilities, and adult foster care providers located in Nebraska, Michigan, and Maryland tested the prototype module, "Preventing Burns and Scalds." The complete program consists of 10 modules, each of which has four components: (1) an instructor manual; (2) a participant's coursebook; (3) a videotape; and (4) a course examination. The long-range goal of the program is to provide uniform, validated, injury prevention training, and to reduce both the incidence and severity of injuries to elderly people. Included in the coursebook are materials designed to help workshop participants achieve the following objectives: understand the program objectives and their relationship to the training objectives for each module; identify the overall extent and significance of injuries to elderly individuals; identify the mechanics of injuries and their effects on elderly individuals; explain how elderly individuals' characteristics increase their risk of specific types of injuries; identify the hazards and prevention interventions related to injuries; and acquire general awareness of injuries and ways in which caregivers can reduce those injuries among elderly individuals. Among the materials included are the following: workshop objectives; program preface; program objectives; injury prevention model; information on the prevalence/extent of injuries affecting elderly adults, the mechanics of injuries, the characteristics of elderly adults, dementia, and hazards and prevention ideas; and guidelines for teaching the injury prevention modules. (MN)

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Injury Prevention for the Elderly

Field Test Instructor Coursebook

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Workshop Objectives

1. Understand the program objectives and their relationship to the training objectives for each module.
2. Identify the overall extent and significance of injuries to elderly people.
3. Identify the mechanics of injuries and their effects on elderly people.
4. Explain how the characteristics of elderly people increase their risk of specific types of injury.
5. Explain how dementia increases the risk for injury.
6. Identify the hazards and prevention interventions related to injuries.
7. Acquire general awareness of injuries and ways in which caregivers can reduce these injuries among elderly people.

Program Preface

Accidental injury is one of the leading causes of death to elderly people. The most common types of injuries to people over age 60 are motor vehicle crashes, falls, fires and burns, surgical and medical complications, poisoning, suffocation by ingestion (choking), and drowning. Other types of accidental death that disproportionately affect elderly people are adverse effects of heat and cold (hyperthermia and hypothermia), pedestrian accidents, malnutrition, and foodborne illness. Older people also suffer both injury and death from several types of elder abuse including physical, psychological, financial abuse, and neglect. Suicide also disproportionately affects the elderly population. Problem use of alcohol is related to several types of injuries, adverse medication reactions, motor vehicle crashes, suicide, drowning, and falls. Alcohol abuse and alcohol dependence are also problems with their own characteristics, causes, and potential for intervention. All of these types of injuries and adverse situations can be addressed by prevention activities. Understanding each of these injuries, their causes, and prevention techniques can enable health care providers and policymakers to adopt practices that will reduce these needless deaths and injuries.

Program Preface (continued)

The injury areas included in this training program were identified as a result of a comprehensive literature search and thorough discussions with a group of experts in the fields of gerontology, nursing, medicine, injury prevention, sociology, pharmacy, long-term care administration, training, and instructional development. The topics selected for the modules were those which could be addressed by staff of long-term care facilities, as well as senior center and adult day care staff and home health aides. The curriculum guide which served as the blueprint for the training modules was based on information from the research literature and input from experts. Staff from a life care community, assisted living facilities, nursing facilities, and adult foster care providers located in Nebraska, Michigan, and Maryland tested the prototype module, *Preventing Burns and Scalds*. Using information from the pilot test, staff developed and pilot tested nine additional modules. Following the pilot tests, the entire program was prepared for national distribution.

Program Preface (continued)

Funding for the development of these materials came from the National Institute on Aging through a Phase II Small Business Innovation Research Grant awarded on June 1, 1995.

The complete program consists of ten modules, each of which has four components:

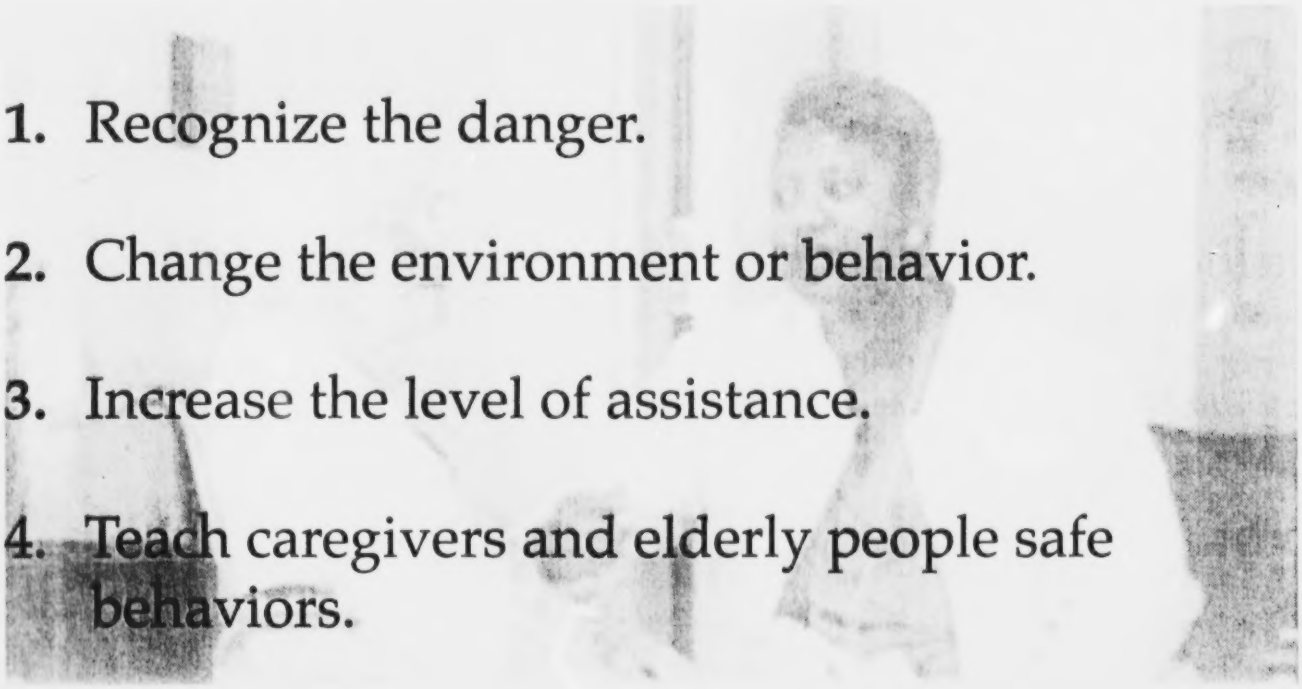
- An instructor manual,
- A participant's coursebook,
- A videotape, and
- A course examination.

The long-range goal of *Injury Prevention for the Elderly* is to provide uniform, validated, injury prevention training to people who care for the elderly in long-term care facilities and in the community and to reduce both the incidence and severity of injuries to elderly people, especially those living in long-term care communities.

Program Objectives

1. Identify the extent and significance of that injury type to elderly people.
2. Identify characteristics of the injury type and its effects on elderly people.
3. Identify characteristics of elderly people which increase their risk for each injury type.
4. Identify physical disabilities and environmental and situational hazards and prevention interventions related to each type of injury.
5. Acquire general prevention awareness and response and ways in which caregivers can reduce the frequency and severity of injuries among the elderly people they care for.

A Model for Injury Prevention



1. Recognize the danger.
2. Change the environment or behavior.
3. Increase the level of assistance.
4. Teach caregivers and elderly people safe behaviors.

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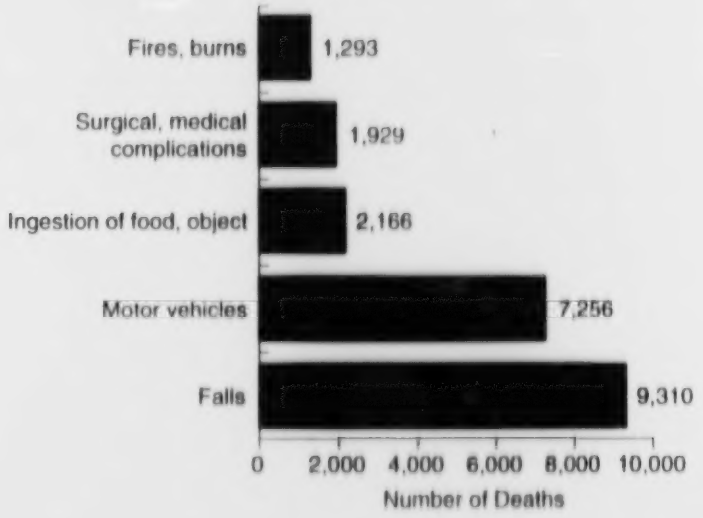
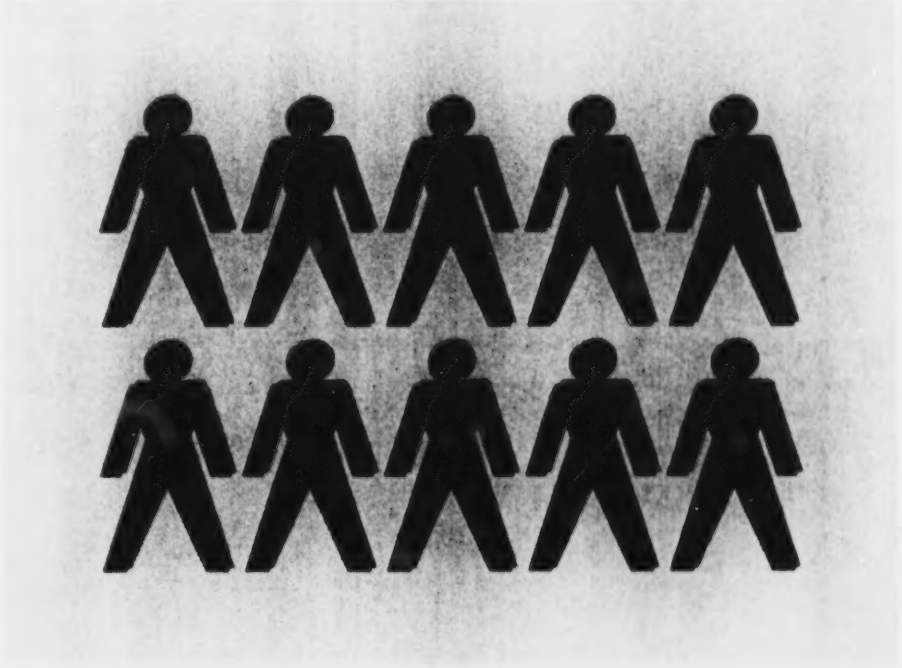
Prevalence and Extent of Injuries Affecting the Elderly



Source: National Safety Council, 1994.

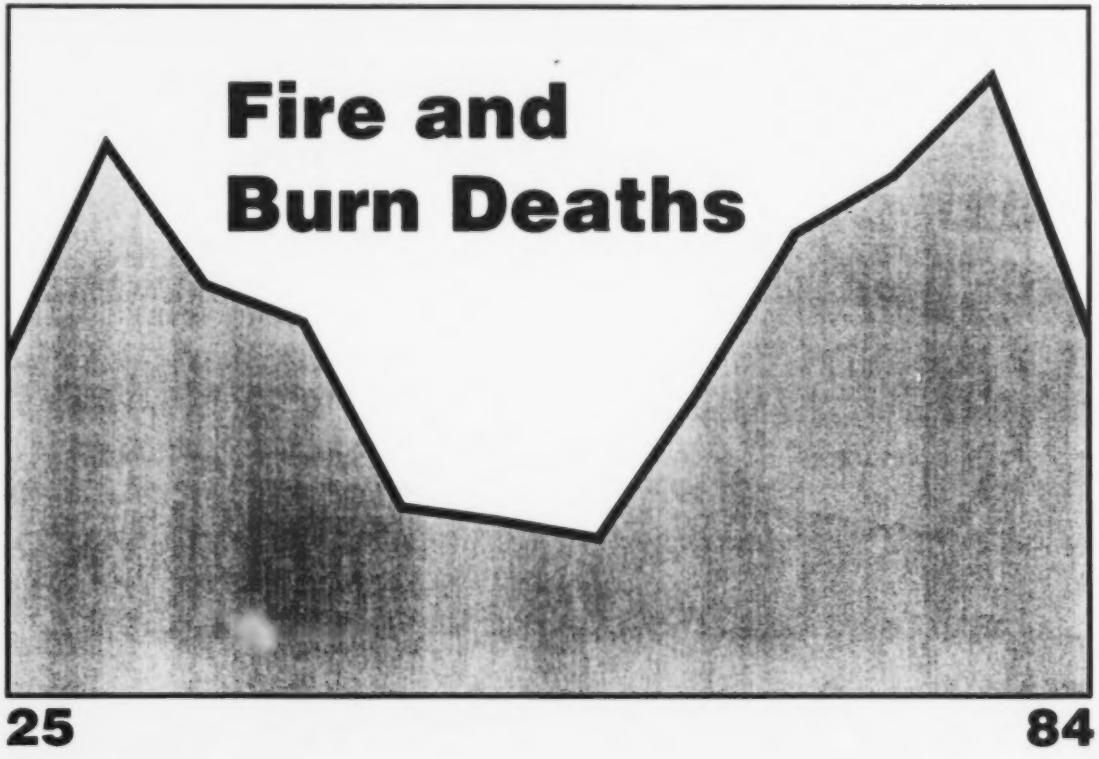
Problem Use of Alcohol

Alcohol dependence among the elderly is estimated to be as high as 10%.



Burns and Scalds

Most fire and burn deaths happen in residential settings.



Choking and Aspiration

The rate of choking deaths increases with age and is the second leading cause of accidental death for people age 90 and older.

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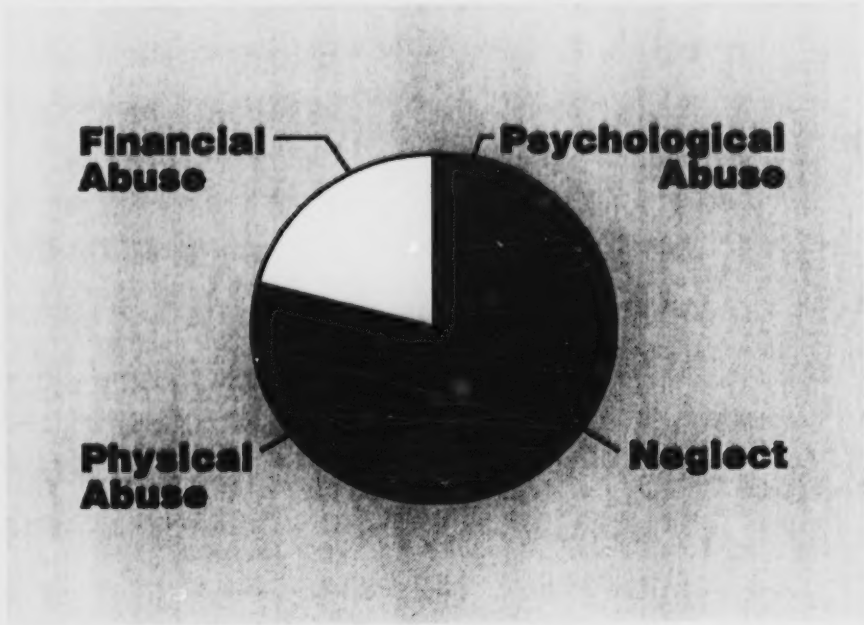
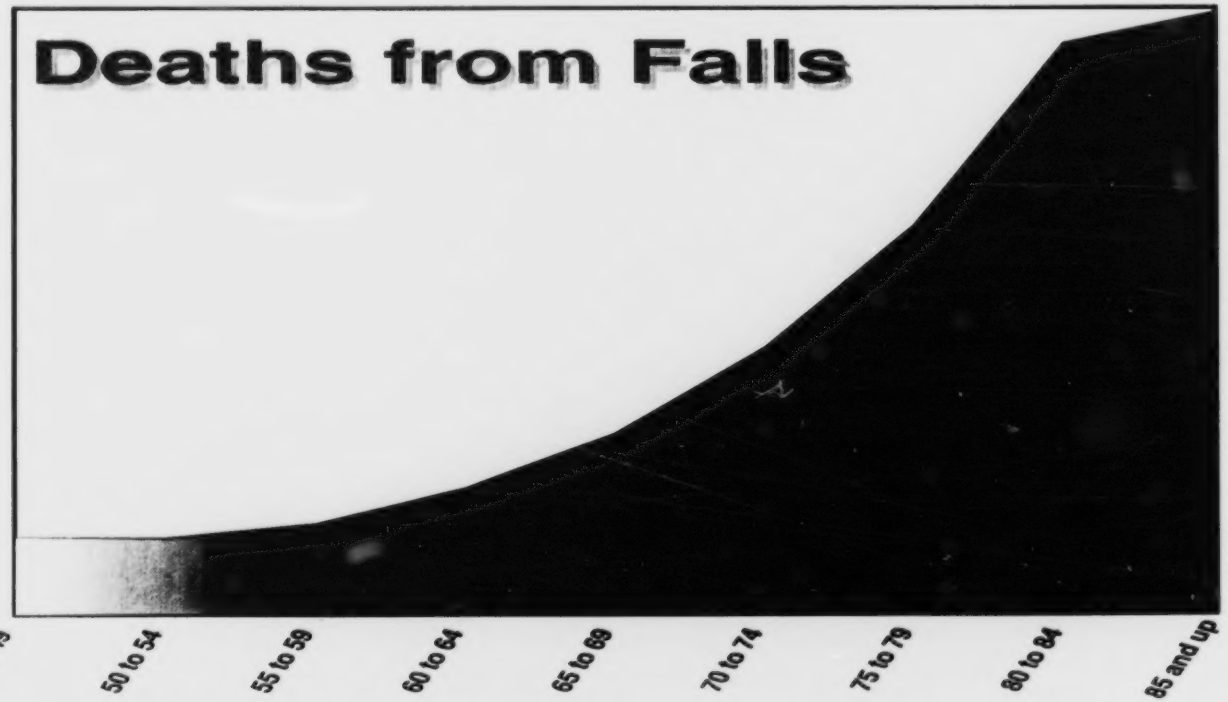
Elder Abuse

True prevalence of elder abuse is not really known because either the cases are not reported or the reported cases are not confirmed by investigation. In 1988, there were 140,000 reported cases. Researchers believe the actual incidence rate may be 14 times higher. The most common form of abuse is neglect.



Falls

The rate of deaths due to falls rises rapidly with increasing age.



Source: National Safety Council, 1993.

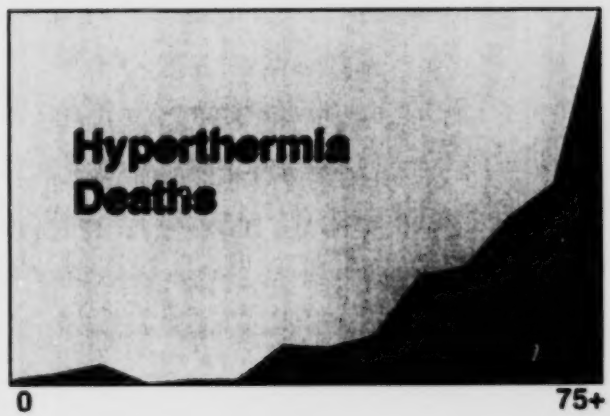
Foodborne Illness

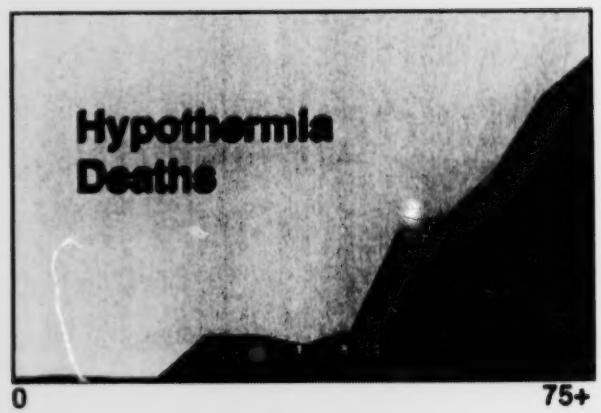
About 9,000 people die each year of foodborne illnesses. Older people are at higher risk for serious consequences than younger people.

Millions of people call the USDA Hotline each year asking questions about food safety.

Hyperthermia and Hypothermia

Death rates due to hyperthermia and hypothermia increase with age.





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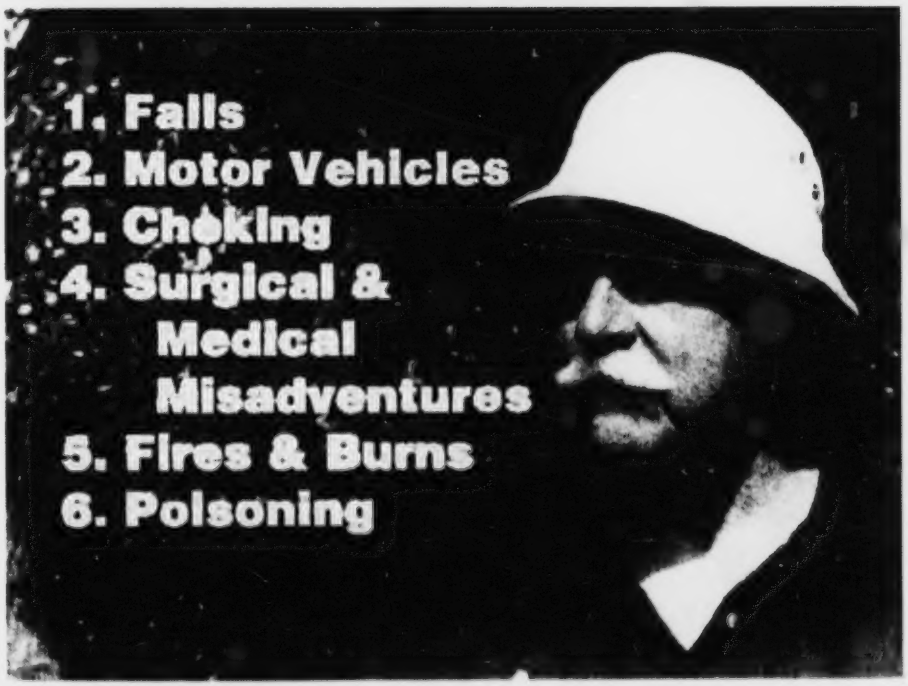
Drowning



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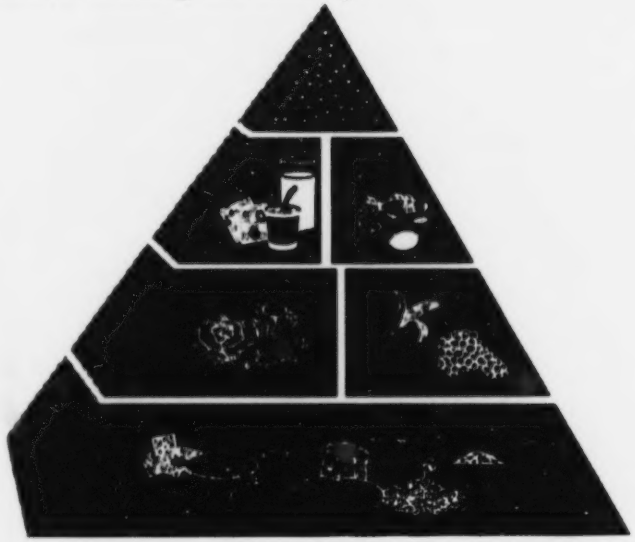
Malnutrition

Studies in some institutional settings have found that 26% to 59% of patients have malnutrition. Signs of malnutrition are often thought to be normal aging or symptoms of other conditions common among the elderly.



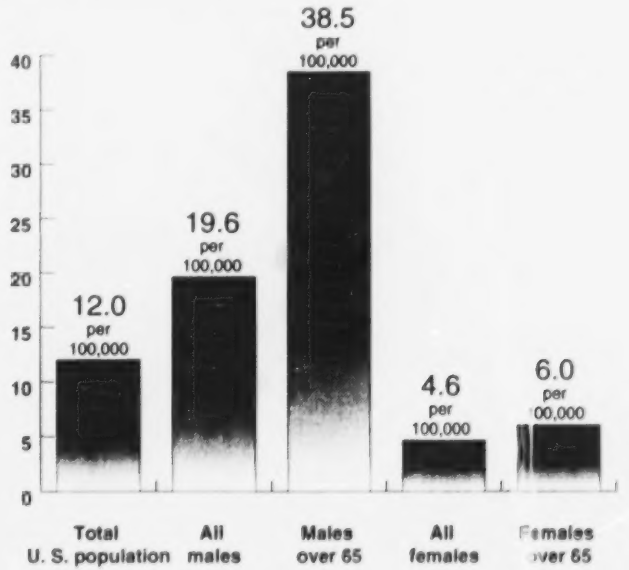
Adverse Medication Reactions

- Elderly people have 2 to 3 times as many adverse medication reactions as young adults. Also a larger number of these reactions leads to death.

- Thousands of hospital admissions each year involving elderly people are due to adverse medication reactions.

Suicide and Depression

The suicide rate for men over 65 is much higher than the national rate. The rate increases for females over age 65. Depression is very common among elderly populations, especially those in long-term care.



The Mechanics of Major Injuries that Affect the Elderly

Problem Use of Alcohol

Use of alcohol leads to numerous problems.

- Medication/alcohol interactions
- Health problems
- Sleep problems
- Accidents including falls, burns, drowning, choking
- Mental health problems, especially depression
- Social and family problems
- Nutritional problems
- Sexual dysfunction
- Suicide

CAGE

C = Have you ever felt you should **Cut down** on your drinking?

A = Have people **Annoyed** you by criticizing your drinking?

G = Have you ever felt bad or **Guilty** about your drinking?

E = **Eye opener**: Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover?

Two or more "Yes" answers indicates a problem use of alcohol.

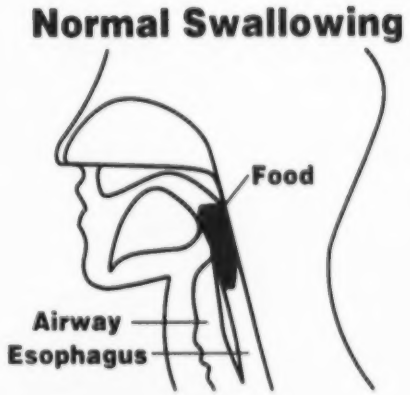
Burns and Scalds

Types of Burns

- Scalds (burns from hot liquids)
- Contact burns
- Flame burns
- Chemical burns
- Electrical burns
- Ultraviolet burns (sunburn)

Choking and Aspiration

- **Choking** happens when something blocks the windpipe and cuts off the air supply.
- **Aspiration** happens when food or liquid is swallowed into the windpipe instead of the esophagus.
- **Strangulation** occurs when something squeezes the windpipe shut, cutting off the oxygen.
- **Suffocation** or smothering occurs when something blocks the supply of oxygen.



Elder Abuse

Elder abuse is the infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm or pain or mental anguish; or deprivation by a caretaker of goods or services which are necessary to avoid physical harm, mental anguish, or mental illness.

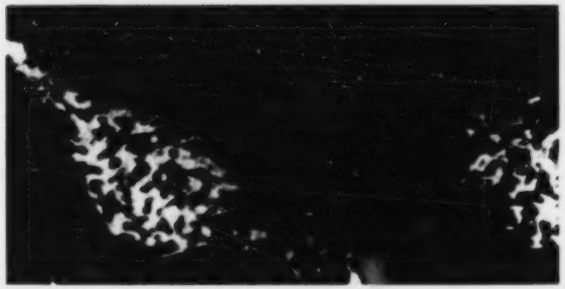
- **Neglect**—the failure to provide goods or services necessary to avoid physical harm, mental anguish, or mental illness.
- **Physical abuse**—an act of physical harm such as bodily pain, injury, impairment, or disease. Medical mismanagement is included here.
- **Financial abuse**—also called "exploitation"—misuse of an elderly person's money, property or possessions.
- **Psychological abuse**—deliberately inflicting mental suffering, verbal aggression, repeated insults and threats, depriving an elder person of their legal rights and autonomy, isolating a person from friends, family, information, or desired activities.

Falls

Major types of injuries resulting from falls

- Fractures, especially hip and wrist
- Spinal injury
- Head injury
- Bruises, sprains, and joint dislocations

Foodborne illness



- Staphylococcus (bacteria from people with cuts handling food)
- Clostridium perfringens (bacteria in meat, poultry and gravies made from them)
- Botulism (from improperly canned foods)
- Listeria (in undercooked chicken, dairy products, deli items)
- E. coli (deadly bacteria in contaminated, undercooked beef and other foods)

Symptoms of Foodborne Illness

Diarrhea
Nausea
Vomiting
Low-grade fever
General discomfort
Stomach cramps
Headache
Dizziness
Flu-like symptoms

Temperature-related Injuries

- **Excessive heat (Hyperthermia)**

  Body temperature rises about 102°F from prolonged exposure to heat.
  The body cannot regulate heat.
  Caused by low-levels of body fluids and salts.
  Includes heat syncope (dizziness and fatigue), cramps, heat exhaustion, heatstroke.

- **Excessive cold (Hypothermia)**

  Body temperature dropped below 95°F due to prolonged exposure to cold.
  Leads to cardiovascular and respiratory problems.
  If untreated, leads to coma and death.

- **Frostbite**

  Damage to skin and tissues caused by freezing in extreme cold.
  Blood vessels become damaged.
  Gangrene may develop.
  Amputation of hands and feet may be necessary

Drowning

- Suffocation by water
- Happens when the person's supply of oxygen is cut off by being submerged in fluid, usually water
- Lack of oxygen causes loss of consciousness, brain damage, and death
- Water swallowed into lungs can cause infections such as pneumonia or bronchitis which is often fatal for elderly people.
- Can occur in a very small amount of water.

Malnutrition

- Undernourishment caused by insufficient food or an improper diet.
- Happens when people do not eat a balanced diet or eat too much or too little food.
- Happens when one's body doesn't metabolize (use) food properly.

Symptoms of Malnutrition

- Weight loss or gain
- Nausea and vomiting
- Dehydration
- Early feeling of having enough to eat (satiety)
- Muscle wasting
- Slow wound healing and frequent infections
- Frequent dizziness
- Constipation
- Swelling and bleeding of gums and loosening teeth
- Depression
- Loss of bone density
- High blood cholesterol levels

Adverse Medication Reactions

- Side effects—Unwanted effects of medications
- Drug interactions—Additive effect, unexpected effect
- Drug withdrawal—Reaction to not having a drug, either a medication or alcohol

Symptoms of Adverse Medication Reactions

- Stomach pain
- Constipation and diarrhea
- Grogginess, drowsiness
- Dehydration, muscle cramps
- Nausea, vomiting, weakness, headache
- Symptoms of malnutrition, weight gain, weight loss
- Headaches or seizures when drugs are withdrawn
- Cough
- Chest pains

Suicide

- **Self-harming behaviors**
  Refusing to eat
  Refusing medications
  Refusing medical treatment
  Not following dietary restrictions
  Alcohol abuse
  Continuing to smoke in spite of medical problems

- **Self-annihilation**
  Gunshot
  Hanging
  Jumping
  Overdose of medications

Depression

Clinical Depression—Period of extreme sadness lasting 2 or more weeks.

Bipolar Depression—Extreme mood swings

Chronic Depression—Long periods of sadness

Seasonal Depression—Sadness associated with lack of sunlight

Symptoms of Depression

- Prolonged sadness or unexplained crying
- Loss of appetite or noticeable increase in appetite
- Fatigue and lethargy
- Irritability or anxiety
- Change in personality
- Insomnia or noticeable increase in amount of sleep needed
- Aches and pains, unexplained physical ailements

Characteristics of the Elderly That Increase the Risk of Injury and Death

Chronic Health Problems

Stroke

Cardiovascular disease

Lung problems

Parkinson's disease

Diabetes

Arthritis

Swallowing problems

Poor cough and gag reflex

Seizures

Osteoporosis

How Chronic Health Problems Affect Risk of Injury

- Consumption of alcohol even in small amounts for people with chronic health problems is problematic.
- Weakened swallowing muscles, which often happens after a stroke or in patients with Parkinson's disease, allow food or liquids to be swallowed into the windpipe causing a person to choke.
- Heart problems, inner ear disorders, and other peripheral vascular diseases affect balance and increase the risk of falls.
- Diseases affecting bones, muscles, and joints such as osteoporosis, Parkinson's disease, and arthritis contribute to the risk of falling and receiving a serious injury from a fall.

How Chronic Health Problems Affect Risk of Injury (continued)

- Older people are more likely than younger people to have digestive, circulatory, and breathing problems that magnify the effect of foodborne illness.
- Older people are likely to have chronic illnesses that impair their ability to regulate their body temperature which places them at a greater risk for hypothermia and hyperthermia.
- Elderly people who have significant weight deviations, particularly those with diabetes, are at increased risk of poor nutritional status.
- People with chronic health problems take more medications and so have more opportunities for adverse medication reactions.
- Chronic and painful illnesses are sometimes the reason for suicide among older people.

Changes in Body Function

- Changes in nutritional needs
- Changes in sensory function
- Temperature regulation
- Skin changes
- Change in metabolism and other body functions
- Lowered immune response

How Changes in Body Function Affect Risk of Injury

- Drugs (including alcohol) are metabolized more slowly in older people so the effects last longer.
- People over 60 often have a lowered immune response that makes them more likely to become seriously ill from foodborne illness.
- The senses of taste and smell decline with age and may reduce the person's ability to judge whether foods are safe to eat or affect an older person's appetite.
- An older person's body temperature is affected more seriously by minor increases in external heat or cold than a younger person's.

How Changes in Body Function Affect Risk of Injury (continued)

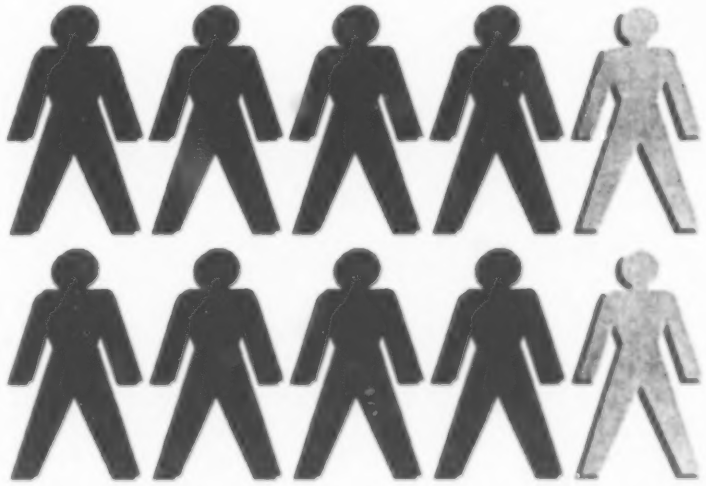
- Older person experience a decline in their metabolic rate which changes their nutritional needs.
- Decline in liver function slows metabolism of some foods and some therapeutic drugs.
- Redistribution of fat may lead to obesity or frailty that reduces mobility and causes problems in purchasing and preparing nutritional food.
- Bodily changes associated with aging change how extensively a medication is distributed throughout body tissues which can result in unpredictable effects of drugs.

How Changes in Body Function Affect Risk of Injury (continued)

- Older people have thinner skin that makes them more susceptible to changes in heat or cold and they are more likely to be burned if their skin contact hot water, a hot surface, or flames.
- Older people experience a decline in their metabolic rate which changes their nutritional needs.
- Decline in liver function slows metabolism of some foods and some therapeutic drugs.

Use of Medications

A large majority of people over 65 are taking at least one prescription medication. About 20% are taking as many as 4 prescriptions. A majority also take over the counter medications on a regular basis such as sleeping aids, vitamins, laxatives, aspirin, and others.



How Use of Medications Affects Risk

- Older people are more likely to take medications for chronic illnesses and there are many medications, prescription and over-the-counter drugs, that interact adversely with alcohol.
- Some medications that older people take can impair chewing or swallowing and increase the risk of choking.
- Older people have more frequent medication side effects such as dizziness, blurred vision, and loss of balance which may cause a fall.
- Older people are more likely to take medications that can impair their ability to sense changes in temperature and regulate body temperature which places them at risk for hyperthermia and hypothermia.

How Use of Medications Affects Risk (continued)

- Drugs frequently used by elderly people can significantly affect nutritional status by causing nausea, anemia, and anorexia which can result in malnutrition.
- Elderly people with limited mobility or fixed incomes may choose over-the-counter drugs rather than visit their physician and these drugs may interact with their prescribed medications.
- Elderly people are likely to take medications over long periods of time which increases their risk of withdrawal if they are stopped suddenly.

Changes in Social Factors

- Negative life events
- Living alone
- Institutional living
- Poverty
- Social isolation

How Changes in Social Factors Increase Risk of Injury

- Older people experience increased incidence of negative life events and stress because of death, health decline, loss of independence, loss of job and money which may increase their use of alcohol.
- Older people who live alone are at higher risk for problem use of alcohol.
- When people are dependent, they often become socially isolated without friends or family to turn to when they are abused.

How Changes in Social Factors Increase Risk of Injury (continued)

- There is an increased risk of foodborne illness in long-term care facilities where there are more people handling and preparing large amounts of food.
- A fourth of the elderly have incomes of less than $10,000, which makes it hard to afford adequate nutrition.
- Almost a third of older people who live alone skip meals regularly.
- Older people who live alone, especially men, are at a higher risk for suicide.

Alcohol Use

Types of problems

- Problem use of alcohol
- Alcohol abuse
- Alcohol dependence
- Withdrawal

How Alcohol Use Increases Risk

- Alcoholism can lead to confusion and impaired judgment and makes people less able to care or fend for themselves.
- Problem drinking may cause aggressive or abusive behavior that antagonizes caregivers and lead to elder abuse.
- Use of alcohol can disturb a person's balance and coordination, which can increase their risk of falls or drowning.
- Alcohol abuse is a risk factor for suicide and is estimated that between 2% and 12% of the elderly population abuse alcohol.
- Medication/alcohol interactions can cause health problems or death.

Physical Disabilities

- Vision and hearing
- Lack of mobility
- Lack of muscle strength
- Frailty
- Loss of senses of taste and smell

How Physical Disabilities Increase Risk

- Older people with disabilities may be unable to defend themselves against physical attack and are subject to more serious damage from simple injuries.
- Physical disabilities cause older people to become dependent on caregivers for personal care needs which can lead to resentment or abuse by caregivers.
- Reflexes for keeping balance and correcting for imbalance decline with aging which often causes falls.
- People with limited mobility are less able to struggle if caught in or being strangled by a protective device.

Psychological Factors

- Fear of falling
- Depression
- Hopelessness
- Loneliness
- Dependency (loss of independence)

How Psychological Factors Affect Risk

- Older people who have fallen once are likely to be afraid of falling again. A cycle can develop where fear causes additional falls.
- Older people, especially those living in long-term care facilities, are prone to depression which is a risk factor for alcoholism and suicide.
- Hopelessness (having negative feelings about the future) is common among elderly people and is a greater risk factor for suicide than depression.
- People who are financially dependent on the caregiver are at risk for abuse.

Gender Differences

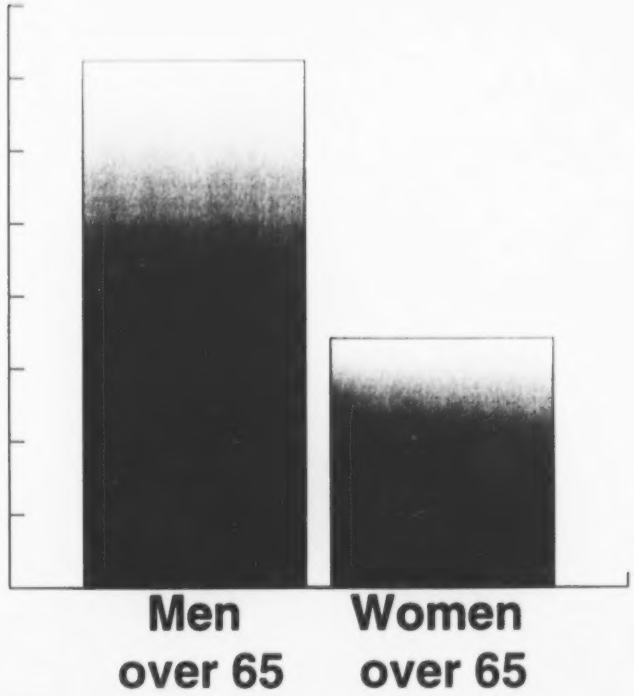
Males are at higher risk for

- Suicide and
- Drowning

Females are at higher risk for

- Falling

Older men are more than twice as likely as women to drown.



Dementia

- Long-term loss of intellectual functioning such as thinking, remembering, and reasoning.
- Many diseases produce dementia.

Symptoms of Dementia

- Gradual onset
- Memory loss
- Confusion
- Personality changes
- Loss of language skills
- Impaired judgment

Diseases that Cause Dementia

- Alzheimer's disease
- Parkinson's disease
- Multi-infarct dementia caused by multiple small strokes
- Huntington's disease
- Many others, including several rare diseases

How Dementia Increases Risk for Injury

- People who use alcohol and who are in the early stages of diseases that cause dementia may forget how much they have consumed.
- Older people with dementia have difficulty realizing food or liquid is in their mouths or forget how to eat or swallow which increases their risk of choking.
- The protective devices used to prevent dementia patients from wandering increases the risk of strangulation.
- People with dementia are at risk for all types of neglect and abuse because they are frail, confused, and dependent.

How Dementia Increases Risk for Injury

- Elderly patients with Alzheimer-type dementia experience fractures from falls at three times the rate for the general population.
- Because of short-term memory loss, people with dementia may not remember when food was purchased or how long it has been stored, increasing their risk for foodborne illness.
- People with dementia may wander outside without proper clothing or shoes, which increases their risk of hypothermia and frostbite.
- People with dementia may not remember to take in proper fluids, especially during periods of hot weather.

How Dementia Increases Risk for Injury

- Older people with dementia may not remember how to float or swim which increases their risk of drowning.
- Many people with dementia have a short attention span and may not be able to remember when, where, and how to eat and drink.
- Alzheimer's patients develop a general sensitivity to medications that can increase the expected effect of even small doses of new medicines.
- The fear of Alzheimer's disease is prevalent in the United States among older people and increases the risk of suicide.

Hazards and Prevention Ideas

Each module details hazards and prevention ideas. At the end of the modules, a top ten list provides key prevention ideas. This table provides an overall top ten list with modules and some of hazards for each prevention idea.

Top Ten List

1. Encourage older people to exercise regularly.

   Prevents sleep disorders, depression, frailty, loss of strength, injury from falls, improves mood, compensates for losses, malnutrition, improves diabetes, depression, and appetite.

2. Provide nutritious meals for the elderly and handle food properly.

   Prevents foodborne illness, poor appetite, poor eating habits, malnutrition.

Top Ten List (continued)

3. Be sure elderly people drink plenty of nonalcoholic fluids.

   Prevents depression, alcoholism, alcohol-related injuries, sleep disorders, hyperthermia, hypothermia, drowning, malnutrition.

4. Encourage older people to participate in activities with other people of all ages and opportunities to participate in community activities.

   Prevents depression, suicide, poor appetite, isolation, elder abuse and neglect.

Top Ten List (continued)

5. Participate in continuing education classes and workshops.

   Provides information related to preventing injuries and understanding aging, related problems, improves staff self-confidence, improves attitude, reduces caregiver stress

6. Maintain safe environments for elderly people in your care.

   Prevents burns from hot tap water and scalding liquids, falls due to poor lighting, loose clothing, ill-fitting shoes, wet surfaces, tripping on obstacles.

Top Ten List (continued)

7. Encourage older people to visit their doctor and dentist on a regular basis.

   Prevents problems related to medication withdrawal, depression, poor dental health, substance abuse, inappropriate prescribing, misdiagnosis, choking, malnutrition.

8. **Recognize hazards for different injuries and provide assistance when necessary.**

   Prevents injuries from smoking materials, smoke, unstable furniture, stairs, protective devices, clothing, home-canned foods, swallowing problems, noncompliance, lack of understanding, self-prescribing.

Top Ten List (continued)

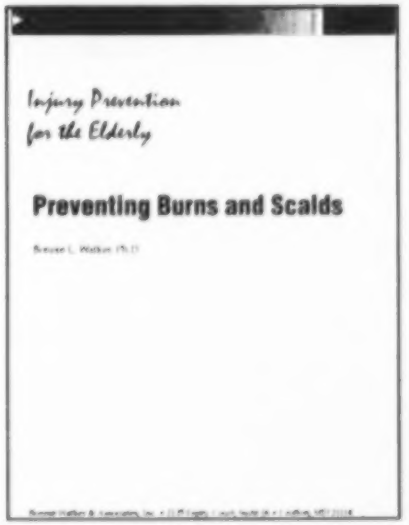
9. **Supervise elderly people to ensure their safety.**
   Prevents all types of injuries.

10. Install and maintain smoke detectors.
    Prevents death and injury from fire and smoke inhalation.

Teaching the Injury Prevention Modules

Teaching Materials

- Coursebook (one per participant)
- Instructor Manual
- Videotape



Evaluation Materials

- Pretest (one test covering all topics)
- Evaluation forms (one per module)
- Posttest (one test covering all topics)
- Follow-up test (one test covering all topics)

Other Forms to Complete

- Roster for each module naming individuals who attended the training. This information will be used to prepare a certificate of attendance and to establish which participants completed individual modules.

- Instructor Evaluation Form. This information will be used to determine how the materials can be improved in the future.

- Preregistration forms. Participants will provide information about themselves which BWA will use to describe the test population in reports. Names of participants will NOT appear in any reports.

Coursebook Contents

- Introduction, includes information on Prevalence, Mechanics, Characteristics of the Elderly creating risk
- Hazards and Prevention Ideas, includes information on specific hazards and prevention ideas
- Resource Materials, several pages of reproducible resource materials to be used with staff or clients
- Glossary of terms
- Top ten list (on the back cover)

Instructor Manual Contents

- Preparation Tips
- Transcript of video script
- Presenting the coursebook information
- Tests, rosters, other teaching aids

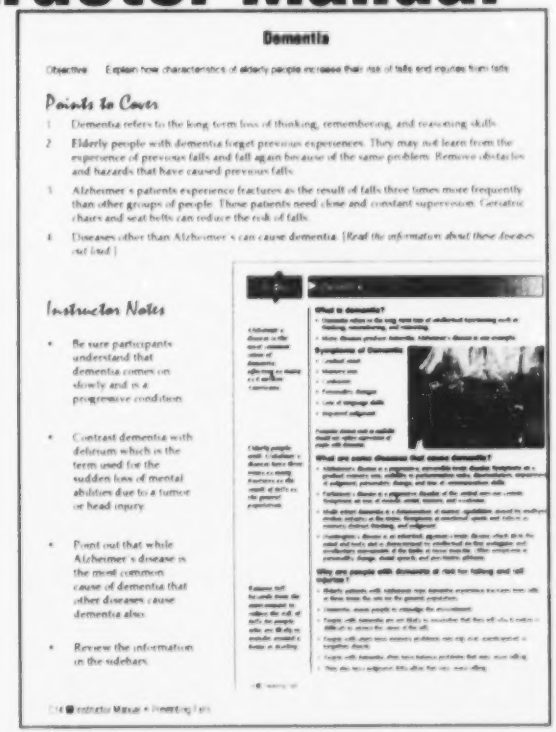
Instructor manuals will be shipped to your facility and will include a copy of the videotape for modules you are presenting.

Sample Page from Instructor Manual

Points to cover

Instructor notes

Reduced page from coursebook



Dementia

Objective: Explain how characteristics of elderly people increase their risk of falls and injuries from falls.

Points to Cover

1. Dementia refers to the long-term loss of thinking, remembering, and reasoning skills.
2. Elderly people with dementia forget previous experiences. They may not learn from the experience of previous falls and fall again because of the same problem. Remove obstacles and hazards that have caused previous falls.
3. Alzheimer's patients experience fractures as the result of falls three times more frequently than other groups of people. These patients need close and constant supervision. Geriatric chairs and seat belts can reduce the risk of falls.
4. Diseases other than Alzheimer's can cause dementia. [Read the information about these diseases out loud.]

Instructor Notes

- Be sure participants understand that dementia comes on slowly and is a progressive condition.
- Contrast dementia with delirium, which is the term used for the sudden loss of mental abilities due to a tumor or head injury.
- Point out that while Alzheimer's disease is the most common cause of dementia that other diseases cause dementia also.
- Review the information in the sidebars.

What is dementia?

Symptoms of Dementia

What are some diseases that cause dementia?

Why are people with dementia at risk for falling and fall injuries?

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Instructor Schedule

- By April 15, 1996 — Administer pretests and send to BWA.
- By April 30, 1996 — Conduct first module and send evaluation forms to BWA along with a roster listing people who attended the training.
- By May 15, 1996 — Conduct second module and send evaluation forms to BWA.
- By May 31, 1996 — Administer posttests and send to BWA.

Each person who completes a pretest, posttest, and program evaluation will receive a certificate for EACH MODULE completed.

Follow-up Study

- In September 1996, you will receive copies of the posttest for each person who completed a pretest and posttest.
- By September 30, 1996, have participants complete this test and return them to BWA.